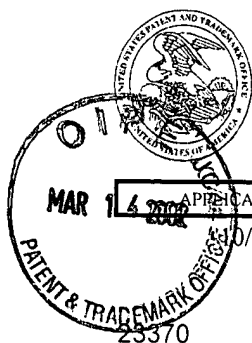


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APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
10/017,898	12/14/2001	Timothy J. Greenamyre	E2690/187231

CONFIRMATION NO. 7509

FORMALITIES LETTER



\*OC000000007267864\*

25370  
JOHN S. PRATT, ESQ  
KILPATRICK STOCKTON, LLP  
1100 PEACHTREE STREET  
SUITE 2800  
ATLANTA, GA 30309

Date Mailed: 01/04/2002

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

*Filing Date Granted*

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The statutory basic filing fee is missing.  
*Applicant must submit \$ 370 to complete the basic filing fee for a small entity.*
- Total additional claim fee(s) for this application is \$140.  
    ▪ **\$140** for multiple dependent claim surcharge.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(l) of \$65 for a small entity in compliance with 37 CFR 1.27, must be submitted with the missing items identified in this letter.
- **The balance due by applicant is \$ 575.**

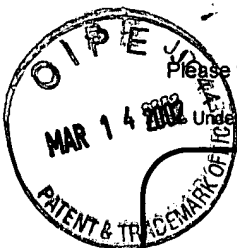
*A copy of this notice **MUST** be returned with the reply.*

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Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE

03/19/2002 HHOLDER1 00000042 10017898

01 FC:201	370.00 OP
02 FC:204	140.00 OP
03 FC:205	65.00 OP



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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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## TRANSMITTAL FORM


(to be used for all correspondence after initial filing)

<b>Application Number</b>	10/017,898		
	<b>Filing Date</b>	December 14, 2001	
	<b>First Named Inventor</b>	Greenacyre	
	<b>Group Art Unit</b>	1644	
<b>Examiner Name</b>			
<b>Total Number of Pages in This Submission</b>		<b>Attorney Docket Number</b>	E2690/268371

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form  <input checked="" type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Response  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>Notice to File Missing Parts</b>
<b>Remarks</b>		

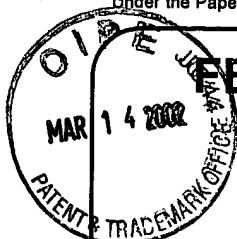
### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

<b>Firm or Individual name</b>	Kristin D. Mallatt, Reg. No. 46,895	 <b>23370</b> PATENT TRADEMARK OFFICE
<b>Signature</b>	<i>Kristin D. Mallatt</i>	
<b>Date</b>	March 4, 2002	

### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Box Missing Parts, Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: <u>March 4, 2002</u>			
<b>Typed or printed name</b>	Angela M. Rossi		
<b>Signature</b>	<i>Angela M. Rossi</i>	<b>Date</b>	March 4, 2002

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**FREE TRANSMITTAL  
for FY 2002**

Patent fees are subject to annual revision.

**TOTAL AMOUNT OF PAYMENT** (\$) \$575.00**Complete if Known**

Application Number	10/017,898
Filing Date	December 14, 2001
First Named Inventor	Greenamyre
Examiner Name	
Group / Art Unit	1644
Attorney Docket No.	E2690/268371

<b>METHOD OF PAYMENT (check one)</b>				<b>FEE CALCULATION (continued)</b>			
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:				3. <b>ADDITIONAL FEES</b>			
Deposit Account Number: 11-0855				Small Entity Fee			
Deposit Account Name: Kilpatrick Stockton LLP				Fee Code Fee (\$)			
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17				105 130 205 65			
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				127 50 227 25			
2. <input checked="" type="checkbox"/> Payment Enclosed:				139 130 139 130			
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other				147 2,520 147 2,520			
<b>FEE CALCULATION</b>				112 920* 112 920*			
1. <b>BASIC FILING FEE</b>				113 1,840* 113 1,840*			
Large Entity Small Entity				115 110 215 55			
Fee Code Fee (\$) Fee Code Fee (\$)				116 400 216 200			
101 740 201 370 Utility filing fee				117 920 217 460			
106 330 206 165 Design filing fee				118 1,440 218 720			
107 510 207 255 Plant filing fee				128 1,960 228 980			
108 740 208 370 Reissue filing fee				119 320 219 160			
114 160 214 80 Provisional filing fee				120 320 220 160			
<b>SUBTOTAL (1)</b> (\$) 370.00				121 280 221 140			
2. <b>EXTRA CLAIM FEES</b>				138 1,510 138 1,510			
Total Claims -20 ** = 0 X Fee from below = 0				140 110 240 55			
Independent Claims -3 ** = 0 X Fee from below = 0				141 1,280 241 640			
Multiple Dependent X 140 = 140				142 1,280 242 640			
Large Entity Small Entity				143 460 243 230			
Fee Code Fee (\$) Fee Code Fee (\$)				144 620 244 310			
103 18 203 9 Claims in excess of 20				122 130 122 130			
102 84 202 42 Independent claims in excess of 3				123 50 123 50			
104 280 204 140 Multiple dependent claim, if not paid				126 180 126 180			
109 84 209 42 ** Reissue independent claims over original patent				581 40 581 40			
110 18 210 9 ** Reissue claims in excess of 20 and over original patent				146 740 246 370			
<b>SUBTOTAL (2)</b> (\$) 140.00				149 740 249 370			
**or number previously paid, if greater; For Reissues, see above				179 740 279 370			
				169 900 169 900			
				Other fee (specify) _____			
				*Reduced by Basic Filing Fee Paid			
				<b>SUBTOTAL (3)</b> (\$) 65.00			

<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>			
Name (Print/Type)	Kristin D. Mallatt	Registration No. Attorney/Agent	46,895	Telephone	404.815.6147
Signature	Kristin Mallatt	Date	March 4, 2002		

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